

**EMT-1 REGULATORY TASK FORCE  
MEETING MINUTES  
May 16, 2001  
Host Airport Hotel  
Sacramento, CA**

**I. Introductions**

A. Self-introductions were made.

<b>MEMBERS PRESENT</b>	<b>EMSA STAFF PRESENT</b>	<b>ALTERNATES PRESENT</b>	<b>MEMBERS ABSENT</b>	<b>ALTERNATES ABSENT</b>
Bob Cordray	Sean Trask	Karen Petrilla	Nancy Casazza	David Nevins
Elaine Dethlefsen	Lois Williams	Bruce Kenagy	Donna Ferracone	Debbie Notturmo
Jean English			Bruce Haynes	Jeff Page
Gloria Huerta			Pat Kramm	
Debbie Meier			Dave Magnino	
Debi Moffat			Steve Maiero	
Veronica			Tom McGinnis	
Shepardson				
John Tysell			Byron Parsons	
Todd Wilhoyte			John Pritting	
			Marco Randazzo	
			Bob Repar	
			Susan Smith	
			Kevin White	

- B. The Task Force was updated on the status of the emergency EMT-I regulations.
1. The emergency regulations went into effect on April 16, 2001 and are in effect for 120 days expiring on August 15, 2001.
  2. The major changes in the emergency EMT-I regulations occur in the following progression:
    - a. Items that require local EMS agency approval only:
      - i. Epi Pen was added.
      - ii. Manual defibrillation and esophageal-tracheal tube was left in
      - iii. Endotracheal intubation was deleted.
    - b. Items that require local EMS agency approval and EMS Authority approval after consultation with EMDAC's Scope of Practice Committee and are approved as one package:
      - i. Albuterol
      - ii. Nitroglycerine
      - iii. Aspirin
      - iv. Glucagon
      - v. Epinephrine 1:1,000
      - vi. Naloxone
      - vii. Activated charcoal
      - viii. Blood glucose determination
    - c. Items that require local EMS agency approval and EMS Authority approval after consultation with EMDAC's Scope of Practice Committee:
      - i. Instituting intravenous catheters in one of two settings:
        - ?? In purely BLS counties that meet the definition of rural community, the EMT-I can start an IV, or

- ?? In an ALS county, the EMT-I can start an IV under the direct supervision of a paramedic.
  - d. Items that require local EMS agency approval and EMS Authority approval after consultation with EMDAC's Scope of Practice Committee and a purely BLS county that meets the definition of Rural Area:
    - i. The EMT-I can administer 50 percent dextrose via intravenous route.
- C. The Task Force was updated on the progress of the draft EMT-Intermediate regulations, the following points were made:
1. The items in the Imperial County Trial Study will serve as the foundation of the EMT-Intermediate. The minimum number of hours of didactic training, clinical training and field internship are specified.
  2. Five additional training and scope of practice modules may be added to meet the needs of the local EMS system. Those additional modules include a module on airway management using an endotracheal tube and magill forceps, a module for instituting IV catheters, a module for administering IV naloxone and 50 percent dextrose, a module for cardiac management, and a module for the administration of controlled substances.
  3. The National Standard EMT-Intermediate Curriculum shall be identified as the curriculum in California.
  4. EMT-Is with optional skills training may be transitioned into the basic level of EMT-Intermediate.
  5. For EMT-Intermediate students who complete all modules of Intermediate training, the National Registry EMT-Intermediate exam shall serve as the certifying exam.

## **II. Minutes**

Approved with the following corrections:

Pat Kramm was listed as present; Pat was absent from the last meeting.

Under Old Business, Item A 1, under Task Force Objectives, the completion of the EMT-I Task Force objectives was June 2002, the minutes reflected June 2001.

Under Old Business, Item A 8, the status of Objective 7 is that the Task Force is currently working on training program approval process.

## **III. Agenda**

Approved as written.

## **IV. Old Business**

- A. Committee Report: Licensure Issues (Sub-committee members: Gloria Huerta, John Pritting, Kevin White): The Task Force continued its review of this draft document and made the following changes:
1. Section 100082 (d): no changes
  2. Section 100083 (a): all references to, "local optional advanced skills" were changed to, "optional skills".
  3. Section 100083 (b) (1): the number (24) was deleted and the word, "personnel" was deleted as well.
  4. Section 100083 (b)(3): the first four words, "Have and agree to," were deleted and the reference to local optional advanced skills was changed to optional skills.
  5. Section 100083 (b)(4): the reference to local optional advanced skills was changed to optional skills and the word, "assure," was replaced with the word, "ensure".
  6. Section 100083 of this draft document will be merged with the existing Optional Skills Section of the EMT-I Regulations.
  7. It was also recommended that a definition be created to identify an EMT-I as an EMT-Basic and an EMT.

8. Section 100083 (c, e and f): the reference to, "local optional advanced skills" was changed to, "optional skills".
  9. This agenda item has reached closure, the Task Force completed review and discussion of this document.
- B. Committee Report: EMT Approving Authority (Sub-committee members: Elaine Dethlefsen, Donna Ferracone, Debi Moffat, Kevin White): This item was tabled due to time.
- C. Cooperative Personnel Services Presentation: Bruce Davis, Ph.D. gave a presentation on Cooperative Personnel Services (CPS) certification exam capabilities. In the past, CPS developed the paramedic exam for the EMS Authority. The following points were made:
1. CPS is a Joint Powers Authority and a governmental agency since 1935.
  2. CPS has a client base throughout the US and Canada.
  3. CPS is a full service human resources consulting agency specializing in certification, licensure and employment testing. CPS conducts mostly public safety (police and fire) testing, but also administers exams to notary public, acupuncture, board of corrections, x-ray technician, lead inspectors, engineers.
  4. There would have to be an assessment of the certification exam program, which would include an evaluation of the National Registry process, the Department of Transportation's EMT-I National Standard Curriculum and the requirements of the California Code of Regulations.
  5. The recommendation, based in the assessment is to provide the state with the best test program through providing a meaningful certification, at test that has validity and reliability and affords public protection. The important inference is that the test measures what the person is certified for.
  6. Job analysis methodology:
    - a. Determine the tasks performed.
    - b. Determine the knowledge and skills needed to perform the tasks,
    - c. Determine the linkage between task and knowledge and skills,
    - d. Level of knowledge and skills or cognitive level is needed,
    - e. This leads to the generation of the test plan,
    - f. Need to specify the curriculum, in this case the DOT National Standard Curriculum, to obtain the knowledge linkage of the knowledge and skills to the test items.
  7. Uses of the job analysis information:
    - a. Test plan development,
    - b. Curriculum development,
    - c. Training,
    - d. Delineate differences across groups,
    - e. Track changes over time,
    - f. Validity documentation,
    - g. APA standards require job analysis to be the cornerstone of test development
    - h. Crocker and Algina advocate specificity in the test plan,
    - i. Identification of cognitive processes.
  8. Creating the perfect multiple choice question
    - a. Multidimensional and multifaceted
    - b. Include materials used in the occupation
    - c. Appropriate psychometric properties
  9. Post test review
    - a. Subject matter expert review of comments made in regards to the test
    - b. Psychometric review of test statistics
  10. Turn around times on test results are generally ten days.
  11. CPS views customer service as being critical to their success.
  12. Exam revision

- a. Depends on the frequency of administration
  - b. Also depends on repeat test takers.
  - c. Also depends on the test item banks
13. CPS offers computerized testing, the fee is the same, however the testing site generally charges an additional fee.
14. Estimated costs:
- a. Job analysis roughly \$40,000 to \$80,000
  - b. Test bank roughly \$20,000 to \$40,000
  - c. Annual costs for test development roughly \$20,000 to \$50,000
  - d. Per test fees, \$275 flat fee plus \$8 per test book.
15. Implementation:
- a. Roughly one year to meet with training programs throughout the state to introduce the new certification exam.
  - b. There would be a cost associated with meeting with the training programs, which would depend on how many meetings were held.
16. In summary, CPS does not currently have an EMT-I certification exam developed. There would be a period of time to conduct the necessary job analysis, create and validate a test bank of questions and prepare the EMT-I training programs throughout the state for the transition to standard certification exam. Some of the performance requirements and parameters for CPS (i.e., who administers the exam, where the exam is administered) would have to be placed into policy (regulation). CPS makes customer service a high priority. CPS conducts initial and ongoing extensive and scientific validation processes for their certification exams.
17. The Task Force members want to take the information from today's presentation back to their constituent groups for further discussion.

Next meeting will be June 27, 2001 at the Naval Training Center in San Diego, from 10:00 AM to 4:00 PM.

Recorder: Lois Williams